



THE STATE BAR  
OF CALIFORNIA

1149 SOUTH HILL STREET, LOS ANGELES, CALIFORNIA 90015-2299

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ENFORCEMENT

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**STATE BAR OF CALIFORNIA  
ETHICS/CLIENT TRUST ACCOUNT (CTA) SCHOOL  
APPLICATION ENROLLMENT FORM**

1149 So Hill Street  
Los Angeles

180 Howard Street  
San Francisco

Date: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ SBN: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ETHICS (\$150)      DATE OF CLASS: \_\_\_\_\_      LOCATION: LA OR SF (\_\_\_\_\_)

CTA (\$100)      DATE OF CLASS: \_\_\_\_\_      LOCATION: LA OR SF (\_\_\_\_\_)

Return completed Application Enrollment Form with personal check, money order or cashier's check made payable to the State Bar of California, 1149 S. Hill Street, Los Angeles, CA 90015, attention Paula Gavaldon. Upon receipt of your application, a confirming reservation letter will be mailed to you. If you have any questions, we can be reached at (213) 765-1287 or by FAX (213) 765-1442.

**Please complete the following information:**

\_\_\_\_\_ Decision after Hearing  
\_\_\_\_\_ Stipulated Disposition  
\_\_\_\_\_ Agreement in Lieu of Discipline  
\_\_\_\_\_ Voluntary/Agreement with Deputy Trial Counsel  
\_\_\_\_\_ Bar Applicant  
\_\_\_\_\_ Volunteer/No Complaints